



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

NORTHWEST TEXAS HOSPITAL
1201 LAKE WOODLANDS DRIVE SUITE 4024
THE WOODLANDS TX 77380

Respondent Name

TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-13-0493-01

MFDR Date Received

OCTOBER 15, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: The requestor did not submit a position summary with the request for dispute resolution.

Amount in Dispute: \$8,592.20

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The date of service is 10/13/11. The DWC MDR state stamp on the front of the requestor's DWC-60 packet states the received date is 10/15/12. One year from 10/13/11 is 10/13/12. The requestor's request is untimely. No payment is due."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 13, 2011	Revenue Code 250	\$3.80	\$0.00
	CPT Code 73030-LT	\$534.90	\$0.00
	CPT Code 73510-LT	\$440.40	\$0.00
	CPT Code 73610-LT	\$463.00	\$0.00
	CPT Code 70450	\$2929.60	\$0.00
	CPT Code 72125	\$3311.00	\$0.00
	CPT Code 99284-24	\$909.50	\$0.00
TOTAL		\$8,592.20	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, effective May 31, 2012, sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §102.3, 30 *Texas Register* 2396, effective April 28, 2005, sets out the procedure for computing time.
3. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
4. 28 Texas Administrative Code §133.20, 34 *Texas Register* 430, effective January 29, 2009, sets out the procedure for healthcare providers submitting medical bills.
5. 28 Texas Administrative Code §102.4, 30 *Texas Register* 2396, effective May 1, 2005, sets out rules to determine when written documentation was sent.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- CAC-W1-Workers compensation state fee schedule adjustment.
- CAC-29-The time limit for filing has expired.
- 630-This service is packaged with other services performed on the same date and reimbursement is based on a single composite APC rate.
- 731-Per 133.20 provider shall not submit a medical bill later than the 95th day after the date the service, for services on or after 9/1/05.

Issues

1. Did the requestor waive the right to medical fee dispute resolution for the disputed date of service?
2. Did the requestor support position that disputed claim was submitted timely?

Findings

1. 28 Texas Administrative Code §133.307(c)(1) states: "Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute."
 - The date of the services in dispute is October 13, 2011.
 - The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on October 15, 2012.
 - The requestor submitted a copy of a FedEx delivery receipt that indicates that the shipment was delivered to the Division on Friday, October 12, 2012 at 10:42am.

28 Texas Administrative Code §102.3(a) states "Due dates and time periods under this Act shall be computed as follows: (3) unless otherwise specified, if the last day of any period is not a working day, the period is extended to include the next day that is a working day.

- The respondent states that "One year from 10/13/11 is 10/13/12."
- October 13, 2012 was on a Saturday. This is not a working day.

The Division finds that per 28 Texas Administrative Code §102.3(a)(3), the request for medical fee dispute resolution was submitted timely.

2. According to the explanation of benefits, the respondent denied reimbursement for the disputed services based upon reason codes "CAC-29, and 731."

Texas Labor Code §408.027(a) states "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

28 Texas Administrative Code §133.20(b) states "A health care provider shall not submit a medical bill later than the 95th day after the date the services are provided."

28 Texas Administrative Code §102.4(h) states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on:

(1) the date received, if sent by fax, personal delivery or electronic transmission or,

(2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."

The Division reviewed the submitted documentation and finds that the requestor did not submit a fax confirmation report, personal delivery or electronic transmission report, postmarked mail or signature date on written communication to support that the medical bill was sent timely.

The Division finds that the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the service in dispute in accordance with Texas Labor Code Section §408.027(a).

Conclusion

The Division determined that the submitted documentation does not support the requestor timely submitted the medical bill in accordance with Texas Labor Code §408.027(a). For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

7/26/2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.